

10 ELECTION CYCLE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Delbert Hosemann
SECRETARY OF STATE

RECEIVED

MAY 10 2010

Campaign Finance
Secretary of State

DATE STAMP

Name of Committee Committee to Elect William StarkeAddress P.O. Box 1346Telephone (662) 327-6744 Fax (662) 327-6799Treasurer Deborah Moore Email deborah@studdardlaw.com
☐ Check here if above is different from previous report

TYPE OF REPORT

- ☒ May 10, 2010 Periodic Report (January 1, 2009, through April 30, 2010).....Mandatory
- ☐ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory
- ☐ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory
- ☐ October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory
- ☐ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory
- ☐ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- ☐ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory
- ☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 7,000.00 + \$ 2,000.00	\$ 9,000.00	\$ 9,000.00
Total amount of disbursements	\$ 270.93	\$ 270.93	\$ 270.93
Total amount of cash on hand		\$ 8,729.07	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Deborah Moore
Signature of Director or Treasurer

5/10/10
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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Name of Candidate or Committee To Elect William Starks
 Reporting period 3/30/10 through 4/30/10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>R. Gwyn Mitchell</u>	<u>4/6/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 1216</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>Columbus, MS 39703</u>	<u>1/1/</u>	\$
Name of Employer (Required) <u>Self employed</u>	<u>1/1/</u>	\$
Occupation (Required) <u>attorney</u>	Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>William C. Cunningham</u>	<u>4/6/10</u>	\$ <u>2,000.00</u>
Mailing Address <u>P.O. Box 624</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>Columbus, MS 39703</u>	<u>1/1/</u>	\$
Name of Employer (Required) <u>Self-employed</u>	<u>1/1/</u>	\$
Occupation (Required) <u>attorney</u>	Aggregate year-to-date	\$ <u>2,000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Carla Danette West Starks</u>	<u>4/22/10</u>	\$ <u>2500.00</u>
Mailing Address <u>221 7th Street South</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>Columbus, MS 39701</u>	<u>1/1/</u>	\$
Name of Employer (Required) <u>L H Nickles and Associates</u>	<u>1/1/</u>	\$
Occupation (Required) <u>financial advisor</u>	Aggregate year-to-date	\$ <u>2500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Claude Simpson</u>	<u>4/23/10</u>	\$ <u>250.00</u>
Mailing Address <u>1112 N. 12th Street</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>Columbus, MS 39701</u>	<u>1/1/</u>	\$
Name of Employer (Required) <u>N/A</u>	<u>1/1/</u>	\$
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>250.00</u>

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Name of Candidate or Committee to Elect William Starks
 Reporting period 3/30/10 through 4/30/10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>WL and Eleanor Ellis</u>		<u>4/27/10</u>	\$ <u>250.00</u>
Mailing Address <u>501 8th Street N.</u>		<u> / / </u>	\$
City, State, Zip Code <u>Columbus, MS 39201</u>		<u> / / </u>	\$
Name of Employer (Required) <u>N/A</u>		<u> / / </u>	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>William Starks</u>		<u>4/27/10</u>	\$ <u>1000.00</u>
Mailing Address <u>221 7th Street South</u>		<u> / / </u>	\$
City, State, Zip Code <u>Columbus</u>		<u> / / </u>	\$
Name of Employer (Required) <u>Studdard Law Firm</u>		<u> / / </u>	\$
Occupation (Required) <u>attorney</u>		Aggregate year-to-date	\$ <u>1000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> / / </u>	\$
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> / / </u>	\$
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$